

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN
GAB-2**

COMMITTEE IDENTIFICATION

Filing Period Name:	July Continuing 2012	OFFICE USE ONLY GAB ID: 0103687
Name of Committee/Corporation:	Friends of Christine Sinicki	
Street Address:	3132 South Indiana Avenue	
City, State and Zip:	Milwaukee, WI 53207	

<i>SUMMARY OF RECEIPTS AND DISBURSEMENTS</i>	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$0.00	\$0.00
1B. Contributions from Committees (Transfers-In)	\$2,250.00	\$2,250.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$2,250.00	\$2,250.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$0.00	\$0.00
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$0.00	\$0.00

CASH SUMMARY

Cash Balance Beginning of Report *	\$12,316.69	
Total Receipts	\$2,250.00	
Subtotal	\$14,566.69	
Total Disbursements	\$0.00	
CASH BALANCE END OF REPORT *	\$14,566.69	
INCURRED OBLIGATIONS		
(Balance at the Close of This Period-3A)	\$333.00	
LOANS (Balance at the Close of This Period-3B)	\$0.00	

**Cash Balance as reported by committee*

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer: Faulds, Lynn	Signature of Candidate or Treasurer	Date: Daytime Phone:
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NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2 (Rev. 12/03) This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

SCHEDULE 1-A**RECEIPTS**
Contributions From Individuals**Complete Committee Name:** Friends of Christine Sinicki

Date	Full Name	Address	Occupation	Employer Name	Employer Address	Amount	YTD
Total Unitemized Contributions						\$0.00	
Total Anonymous Contributions						\$0.00	
Grand Total						\$0.00	
Non-Monetary (-):						\$0.00	
Loan Forgiven (-):						\$0.00	
Total						\$0.00	

SCHEDULE 1-B**RECEIPTS
Contributions from Committees
(Transfers-In)****Complete Committee Name:** Friends of Christine Sinicki

Date	Full Name	Address	Amount	YTD
Monetary				
02/15/2012	Plumbers/Steamfitters 434 PAC	912 Northview Drive, Mosinee, WI 54455	\$250.00	\$250.00
06/20/2012	Forest Co Potawatomi Comm PAC	7 N Pinckney Street, Suite 300, Madison, WI 53703	\$250.00	\$250.00
01/23/2012	Local 400 COPE Fund	2700 Northridge Drive, P.O. Box 530, Kaukauna, WI 54130-0530	\$250.00	\$250.00
01/19/2012	United Association Local 118 PAC	3030 39th Ave, Room 125, Kenosha, WI 53144	\$250.00	\$250.00
06/07/2012	Northwestern Mutual Life Political Action Committee	720 East Wisconsin Ave, Milwaukee, WI 53202	\$500.00	\$500.00
01/05/2012	Plumbers Local 75 PAC	11175 West Parkland Avenue, Milwaukee, WI 53224	\$250.00	\$250.00
01/31/2012	Iron Workers Local 8	12034 West Adler Lane, Milwaukee, WI 53214	\$500.00	\$500.00
Sub Total			\$2,250.00	
Grand Total			\$2,250.00	
Non-Monetary (-):			\$0.00	
Total			\$2,250.00	

SCHEDULE 1-C**RECEIPTS****Other Income and Commercial Loans**

Complete Committee Name: Friends of Christine Sinicki

Date	Full Name	Address	Amount	YTD
Total			\$0.00	

SCHEDULE 2-A	DISBURSEMENTS Gross Expenditures

Complete Committee Name: Friends of Christine Sinicki

Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
Grand Total						\$0.00
Non-Monetary (-):						\$0.00
Total						\$0.00

SCHEDULE 2-B**DISBURSEMENTS**
Contributions To Committees
(Transfers-Out)**Complete Committee Name:** Friends of Christine Sinicki

Date	Full Name	Address	Vendor Name	Vendor Address	Amount
Grand Total					\$0.00
Non-Monetary (-):					\$0.00
Registrant In-Kind Sub Total (-):					\$0.00
Total					\$0.00

SCHEDULE 3-A**ADDITIONAL DISCLOSURE**
Incurred Obligations Excluding Loans**Complete Committee Name:** Friends of Christine Sinicki**Incurred Obligation Outstanding Amount:** \$333.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00

SCHEDULE 3-B**ADDITIONAL DISCLOSURE****Loans****Individual, Committee or Commercial**

Complete Committee Name: Friends of Christine Sinicki

Loans Outstanding Amount: \$0.00

Date	Lender Name	Address	Loan Amount	Loan Payment + Forgiven Amount	Outstanding Amount
Grand Total					\$0.00